Written Testimony of

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Chota Community Health Services
An Overview on School Health in A Rural Community

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I am grateful for this opportunity to submit written testimony on behalf of Chota Community Health Services, a Federally qualified community health center in Monroe County Tennessee that operates school based health centers (SBHCs). SBHCs ensure that 1.7 million children and adolescents across the country gain access to comprehensive medical care, mental health services, preventive care, social services, and youth development. These services are provided without concern for students' ability to pay in a location that meets children and adolescents where they are: at school.

First, I would like to thank the Senate Health, Education, Labor, and Pensions Committee for their tireless work on ensuring that school based health centers were included in the Patient Protection and Affordable Care Act.

In addition, I would like to thank Chairman Harkin, Ranking Member Enzi, Members of the Committee, and in particular Senator Alexander's office and the Tennessee Primary Care Association for the opportunity to share with you the achievements of a 10 year old school based health care program, which has impacted the lives of thousands of children and their families in Monroe County, a rural Appalachian community in East Tennessee. It is exciting to able to talk with you about a homegrown project that works, and can be reproduced throughout the country. As a public health physician, I have found the school program to be the most effective way to put prevention to work for our community's children. The success of this project comes from the well developed team of health care providers, school officials, county agencies, and third party payers, who work closely together to assure the positive health status of each child.

To begin, let me introduce myself and two members of the team. I am a family physician, working in this community since 1979. I have medical training from the University of California San Francisco, a public health degree from the University of

Texas at Houston, and a residency in Family and Community Medicine from the University of Missouri Columbia, where I was trained to be a rural physician.

Sonia Hardin, sitting behind me, is a RN who was raised in Monroe County and has a bachelor's degree from the University of Tennessee, and is working on her master's in school administration. She worked with me at the Monroe County Health Department, and left to join the school health program in 1989. At the time she was the only school nurse for over 4800 school children. Working together with the help of grants and a supportive school administration, we now have school nurses in each of the 12 county schools and school-based clinics staffed by nurse practitioners in 8 of those schools. There is also a full scale mental health program with psychiatric social workers seeing students for needed emotional health concerns.

Laura Harris, sitting next to Ms. Hardin, grew up in Tellico Plains Tennessee and has a degree in non-profit health administration from the University of Tennessee Chattanooga. In 2000, she was hired as the school clinic administrator for the new School-based Clinic Grant. It is her careful management of grant and reimbursement dollars which grew a three year Rural Health Outreach grant into an ongoing project, which is partially funded at present by monies from Chota Community Health Center's Federal HRSA 330 Grant. General school health service is a $400,000 line in the Monroe County School System budget. Chota Community Health Services contributes about $200,000 from the Federal 330 grant monies of $650,000. An additional $150,000 was earned last year through patient care revenues. This budget covers all school nurses as well as the school-based clinics as well as other school health programs, such as the Coordinated School Health Program. Chota Community Health Services provides 3.4 FTE nursing personnel, 5 days of nurse practitioner time, a medical director, and the equivalent of 1 Licensed Clinical Social worker.

When the school health services were beginning in 1992, the extensive needs were clear:

*Children often were without access to primary medical and dental care.
*While there was a shortage of medical personnel, he shortage of mental health providers was critical.
*Health education for children and their families was woefully insufficient.

Many of these problems were clear from the county's description; Monroe County was an "at risk" unit as described by the Appalachian Regional Commission. With a chronic need for health care providers, Monroe County continues to be a manpower shortage area. With economic figures that vary from concerning to terrible, the County continues to meet a number of socio-educational challenges. Only 10.8% of the population has a degree above high school. 27.6% of the adult population is functionally illiterate. The school free and reduced lunch data for February 2010 was 72.8%. This is in a county in which the unemployment rate has gone from 7.2% in September 2008 to over 20% in May of 2009. The rate is now stabilizing at near 16%.

Initially, Sonia was able to identify specific financial resources to meet some of these challenges. This is the mixed message of success and challenges, which I will present today. Monroe County's School Health Program has made a positive impact on our community and we are financially stable; but we have been frugal, innovative, and lucky. Hopefully, the funding streams which you in the Senate are considering will make this type of development much easier. The lack of clear federal CMS guidelines for billing for school-based services limits the development of such programs. 50% of funding is constantly being sought through grant funding.

Without clear funding, we began a program for sports physicals, and dental screenings. An advisory group of local health care providers was formed to work with the School Board on addressing these concerns. When an application for Rural Health Outreach grant dollars was accepted in 2000, the dream of a school-based clinic, staffed with nurse practitioners to provide primary care became a reality, and we were on our way.

The original site was Tellico Plains, a community of 4500, in the Tellico Plains Mountains, 35 miles to the closest emergency room. Initially, there was not a physician in the community. Children who were ill had to travel for such care; and frequently showed up in an emergency room at night because their parents were working and unable to take them earlier. (One of the original evaluation measures for this grant was a decrease in the utilization of the emergency room by school aged children for non-emergency care.) While prescriptions were written for necessary medications, some medicines were provided on site to start a child's recovery as soon as possible. The original plan included mental health coverage and outreach workers. Many of these children were uninsured, which created greater havoc in accessing resources for them.

Through the ten years, we have built on this plan. The school-based services provide daily health supervision for 5600 students as well as acute and chronic care. The clinics also provide services for the Monroe County school staff and their immediate families. We now have 8 school-based clinics, with school nurses in each county school. In 2008-2009, there were 39,000 visits with school nurses and 2800 billable visits with nurse practitioners. Last year, there were 6 mental health providers (licensed clinical social workers) who provided care to over 300 children in a total of 3800 visits this school year alone. In the current year, this component of the program has grown with more than 170 plus intakes for behavioral health services, and 3,619 one-on-one counseling sessions from August through March. The increase in mental health services can be attributed to many factors, including the positive impact of these services as well as the economic challenges facing the community at the present time.

In the past, mental health concerns have often been glossed over and under-diagnosed in this community. For example: The first year of the rural health outreach grant, a teacher approached the behavioral health counselor, and said she was concerned about a child in first grade who rarely spoken to anyone all year. The child did not talk to the teacher, the other students, or anyone at school. The same thing had occurred the year before while this student was in kindergarten. The teacher knew the child was learning well,

completing assignments, and followed directions well. The teacher was just concerned because this student spoke to no one.

The Licensed Clinical Social Worker followed up with the parent for a meeting and an intake for family history, etc. The mother stated this child was always "like that" and did not think anything of it. The counselor referred the student for a medical evaluation and medications for social anxiety disorder were prescribed. Within a week, the child was talking with other children in her room and interacting with the faculty and staff. The story clearly demonstrated one factor in this child's lack of treatment was the failure of anyone to realize that there was a problem. Without the clinical services consultation, this child might have continued through school without any social interactions.

Behavioral health addresses children of divorce, grief, physical and sexual abuse, bullying, alcohol and drug abuse, and teen pregnancy.

- One child being currently seen had had problems at school and was failing all classes and was in the principal's office weekly for discipline problems. After receiving counseling services working on anger management, the child is now passing all classes and is rarely in the principal's office. He is being promoted to the eighth grade because of the improvements in his grades
- Another child was homeschooled because of anxiety and difficulty adjusting in the school setting. The child returned to school and entered counseling to see if the issues would improve. The child is now passing all classes, and he has no unexcused attendance! The mother attributes this success to the individual counseling sessions she receives in the school setting.
- An angry student whose family was going through divorce was fighting all the time, and received counseling for anger management and issues of divorce. This child is no longer experiencing problems with fighting
- Another child, whose parents are in drug rehab, is living with grandparents, and has been belligerent to family, school faculty and friends. With counseling, his grades and behavior have improved.

The impact on the physical health of the children has been as great. Through the school-based clinic, our providers have diagnosed appendicitis, hepatitis, a fatal brain tumor, diabetes, hypertension in middle and high school children, to name a few. We have educated parents to treat ear infections, and not to use old timey remedies such as urine in the ear. We have controlled and treated MRSA and strep outbreaks, immunized children and obtained treatment for numerous acute diseases such as conjunctivitis, otitis media, urine infections, and acute asthma episodes: all to keep children out of the emergency room.

In addition, the school-based system is focused on preventive services - primary, secondary, and tertiary prevention. This year we project that over 500 well child physicals will have occurred during school hours with an additional 250 sports physicals. One high school student, who had not had a visit in a medical office since his kindergarten entrance exam, was recently seen for a sports physical.

All children with asthma and diabetes have individual action plans. But these numbers should not obscure the fact that this program is successful, individual by individual. The child with an acute care problem which is quickly resolved so he/she can return to class is as important to us as the one with chronic health care needs which require daily interventions. Managing and educating children on diabetes management about how to give their insulin injections and how to count carbohydrates, is a normal daily activity for one of our school nurses.

Working with the County, a dental health program has been in place since 1986. This program actually picks children up at school, provides needed preventive and restorative services, and returns them to class. All preschool and kindergarten children in the county are screened for dental health needs.

One of greatest challenges is the obesity epidemic which is impacting Monroe County as well as the body mass index (BMI's) on all children annually. Initially in 2002 -2003 51.6 percent of the 5000 students had normal body weight, while 46.3% were found either to be obese or at risk of obesity. We have instituted a number of environmental changes, including changing the cafeteria food options, altering school rewards to deemphasize food, and removing soda machines from the primary schools. We have monitored a measurable difference with these interventions, which focus on dietary changes, increased physical exercise, and health education. Over the last seven years, the figures for children with healthy weights have decreased from 54.4% to 52.1% in 2009-2010. This remains a critical issue for the combined school-based clinical and coordinated school staff. (See attached documents.)

The most heart warming are the stories of individual success: Billy, a high school student was brought to his family doctor by his distraught mother to deal with early hypertension. The basis of this problem was his weight; he weighted 285+ pounds at age 14. The doctor collaborated with the school system, and Billy began a program of meeting a few minutes each week with his school nurse. He lost more than 20 pounds by the end of the school year, and his blood pressure went down. The additional exercise he was getting helped both problems; he learned some life long skills about weight management and health from this experience.

At the end of the original three year Federal Rural Health Outreach grant, the evaluation showed that we had impacted school attendance, and particularly teacher attendance. How does one measure all the impact of such a program? Studies suggest that adding various physical health, social, recreational, and emotional support services are essential to children's success in school. Nearly a century of research has come to one conclusion: children develop along multiple, interconnected domains and when one developmental domain is ignored, other domains may suffer (Brainerd).

Monroe County has integrated the Centers for Disease Control Coordinated School Health Model to address such non-academic barriers to success. Through this model the basic physical, mental, social, and emotional health needs of young people and their families are recognized and addressed. In addition, community engagement, together

with school efforts, promotes a school climate that is safe, supportive, and respectful. Educating the whole child requires the whole community. Monroe County brings the community into the school and has the school see the community as a resource. Strong community partnerships developed through the Coordinated School Health Model are interweaving their resources into the school setting.

The lessons learned from the Monroe County experience is that serving children in their natural habitat is not only efficient, but highly successful. As one famous criminal reportedly said, "Why do you rob banks, because that is where the money is!" Success with changing the health status of America must focus on our children. While families can not remove themselves from this responsibility, there must be an active partnership between the child, his/her family, the school and the community to assure the appropriate utilization of services and positive outcomes.

What is at stake here is nothing less than the future health of our country.